

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097763362**

FILING DATE

APPLICANT(S)

Domizulka

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68	/					
19		/					69		/				
20		/					70	/					
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75		/				
26	/						76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30		/					80		/				
31		/					81		/				
32		/					82		/				
33		/					83		/				
34		/					84	/					
35		/					85	/					
36		/					86	/					
37		/					87		/				
38		/					88	/					
39		/					89		/				
40		/					90		/				
41		/					91		/				
42		/					92		/				
43		/					93						
44		/					94						
45		/					95						
46	/						96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	3						TOTAL IND.	6					
TOTAL DEP.	47						TOTAL DEP.	36					
TOTAL CLAIMS	50						TOTAL CLAIMS	42					